

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/516088

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		/		/		
4		2		/		
5		2		/		
6		1		/		
7		1		/		
8		2		/		
9		2		/		
10		⑤		/		
11		⑤		/		
12		⑤		/		
13		⑤		/		
14		⑤		/		
15		①		/		
16		①		/		
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21		①		/		
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TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		24	←		←
TOTAL CLAIMS			27			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						